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			Application Number		10/018,103-Conf. #7244					
TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Filing Date		November 5, 2001					
			First Named Inventor		A. J. Mixson					
			Art Unit		1633					
			Examiner Name		S. D. Priebe					
Total Number of Pages in This Submission		Attorney Dock	ket Number	05627-00005-USA						
ENCLOSURES (Check all that apply)										
Fee Transm	nittal Form	Drawing(s)			After Allowance Communication to TC					
Fee Attached		Licensing-rel	elated Papers		Appeal Communication to Board of Appeals and Interferences					
x Amendment/Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
X After Final			Petition to Convert to a Provisional Application		Proprietary Information					
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address		n ddress	Status Letter					
Extension of Time Request		Terminal Dis	Terminal Disclaimer		X Other Enclosure(s) (please Identify below):					
Express Abandonment Request		Request for	t for Refund		Return Receipt Postcard					
Information Disclosure Statement		CD, Number	CD, Number of CD(s)							
Certified Copy of Priority Document(s)		Landscape Table on CD		CD						
Reply to Missing Parts/ Incomplete Application		Remarks								
	y to Missing Parts under FR 1.52 or 1.53									
		A A supply of the second of								
	SIGNAT	URE OF APPLIC	ANT, ATTOR	NEY, OR	AGENT					
Firm Name	CONNOLLY BOVE LODGE & HUTZ LLP									
Signature	/Gary A. Bridge/	<b>W</b>								
Printed name	Gary A. Bridge									
Date	July 14, 2006			Reg. No.	44,560					

AMEN	Docket No. 05627-00005-USA										
Application No. 10/018,103-Conf. #7244		Filing Date November 5, 2001		Examiner S. D. Priebe	9	Art Unit 1633					
Applicant(s): A. J											
Invention: HISTID	INE COPOLY	MERS AND ME	ETHODS FO	R USING SAME							
TO THE COMMISSIONER FOR PATENTS											
Transmitted herewith is an amendment in the above-identified application.											
The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED											
Claims Remaining After		Highest Number Previously	Number Extra Claims								
Total Claims	Amendment 51	Paid - 51 =	Present	Rate X							
Independent	5	- 5 =		X							
Claims  Multiple Depend		eck if annlicabl	le)								
Multiple Dependent Claims (check if applicable)											
Other fee (pleas	Other fee (please specify):										
TOTAL ADDIT	IONAL FEE F	OR THIS AME	NDMENT:			0.00					
Large Entity x Small Entity											
x No additional fee is required for this amendment.											
Please charge Deposit Account No in the amount of \$  A duplicate copy of this sheet is enclosed.											
A check in t	A check in the amount of \$ to cover the filing fee is enclosed.										
Payment by	credit card. F	orm PTO-2038	3 is attached.								
The Director is hereby authorized to charge and credit Deposit Account No03-2775 as described below. A duplicate copy of this sheet is enclosed.											
x Credit a	ny overpayme	nt.									
Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.											
/Gary A. Bridge				Dated:	July 14	4, 2006					
Gary A. Bridge Attorney/Agent Reg. No. 44,560											
CONNOLLY B 1007 North On P.O. Box 2207 Wilmington, De (302) 658-914	ange Street elaware 19899										